



**Kerrville Fire Marshal's Office**  
**87 Coronado Dr**  
**Kerrville, Texas 78028**  
**830-257-8449**



**Fire Protection Permit Application**

This application must be fully completed. Failure to provide information may result in a delay of the plan review and rejection of the application. This application must be accompanied by project plans. Upon review and approval of submitted plans, a permit will be issued.

Application Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ Suite No. \_\_\_\_\_

Contractor: \_\_\_\_\_ Contractor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

New Construction: ☐ Alteration/Finish-Out/Remodel: ☐

Fire Sprinkler System: <input type="checkbox"/>	Fire Alarm System: <input type="checkbox"/>
Underground Fire Main: <input type="checkbox"/>	New System: <input type="checkbox"/>
Less Than 20 Heads: <input type="checkbox"/>	Modification: <input type="checkbox"/>
Greater Than 20 Heads: <input type="checkbox"/>	
Standpipe: <input type="checkbox"/>	Fixed Extinguishing System: <input type="checkbox"/>
Fire Pump: <input type="checkbox"/>	Kitchen Hood: <input type="checkbox"/>
Foam/Water Mist: <input type="checkbox"/>	Spray Booth: <input type="checkbox"/>
Water (Fire) Flow Test: <input type="checkbox"/>	Clean Agent: <input type="checkbox"/>

Access Control Gates: <input type="checkbox"/>	Tent/Membrane Structure: <input type="checkbox"/>
Access Control System: <input type="checkbox"/>	Smoke Control/Pressurization: <input type="checkbox"/>
Hazardous Materials: <input type="checkbox"/>	Aboveground/Underground: <input type="checkbox"/>
High-Piled Storage: <input type="checkbox"/>	Liquid Storage Tank: _____
Pyrotechnic Display: <input type="checkbox"/>	Number of Tank(s): _____
	Size of Tank(s): _____

Other (Describe) ☐ \_\_\_\_\_  
Description

No work requiring a permit may begin until a permit is approved, permit fees are paid and the permit is issued (permit is in your hands). A valid permit and an approved set of plans must be maintained at the job site at all times. Please allow a minimum of ten (10) days for review of your plans. The contact person designated above will be notified by e-mail upon completion of the plan review process.

A fire prevention permit shall not shall not be construed as authority to violate, cancel or set aside any of the provisions of this code or other applicable regulations or laws of the jurisdiction, state or U.S.

**I affirm the information given is accurate and I have read and agree to the provisions stated herein.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date